

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	17492	8/14/00
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	32	
FORMALITY REVIEW	<i>[Signature]</i>	64937	92520
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 ÷ Restricted

N Nonselected
 I Interference
 A Appeal
 O Objected

Best Available Copy

Claim	Date
Final Original	
1	6-15-02
2	✓
3	✓
4	✓
5	✓
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Claim	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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